

scalpel



A Publication of Lagos State University
Medical Students' Association



Sui Generis

An exposition into Medicine, Arts,
Technology and Politics

Interview with
DR. TUNDE AJAYI
Special Adviser to the
Lagos State on Health

MULTILINGUALISM:
Benefits and Practical
Approach

Article
**NEXUS BETWEEN
TECHNOLOGY AND
HEALTH**

CONTENTS

- 14 Nexus between Technology and Health
- 16 Interview with Dr. Abayomi Ogunderu
- 19 Depression in Medical School and Coping Mechanism: A Cross Sectional Case Study
- 20 Medical Student and Research: Is there a bipartite relationship
- 22 Interview with Dr. Tunde Ajayi on Politics and Healthcare
- 26 Nigerian Youths: the deciding factor of the fate of the 2023 elections
- 32 Female Genital Mutilation
- 35 Weight Management Tips
- 37 Monkey Pox: A Rising Public Health Concern
- 40 Love, Lust and Attraction
- 45 Multilingualism
- 47 Palate's Delight
- 49 Vox Populi - Abortion: pro-life or pro-choice?



From the **VICE CHANCELLOR**

Prof. Ibiyemi Ibilola Olatunji-Bello

MNI, FPHYSIOL (UK), FPSN, FEnv

Vice Chancellor, Lagos State University

The veracity of the slogan “We are LASUCOM, the pride of LASU’ has been proven for many years since the establishment of the college. The recognition the college has received far and wide came from the strength of its world-class teaching and research, and I am glad to inform you that the college has done better since I assumed duty as the 9th substantive Vice Chancellor of Lagos State University. These accolades showered on LASUCOM today, we must not forget, are the result of hard work, great sacrifice, and commitment of our staff and students who have defied all odds to make our great LASUCOM the Harvard of Africa, a befitting moniker the college has deservedly earned.

Right from its inception, LASUCOM has been driven by a passion for excellence and service to which students and staff are unwaveringly committed. The publication of the LASUMSA Scalpel magazine tagged: *Sui Generis* proves that the college is unwaveringly committed to its mission to impact humanity through the provision of quality education. The publication of Scalpel also points to the progress LASU has been making on all fronts since I became the Vice Chancellor. That this is coming after a six years hiatus could not have been more auspicious. I am impressed by the quality and depth of the ideas and information in the magazine which is well above a run-of-the-mill or regular annual published by medical students. The quality of the scholarly articles on different topics outside of the medical field is evidence of painstaking work by the editorial team. It is gratifying that Scalpel also includes lucid, illuminating essays on technology and politics, not to mention personal stories and interviews granted by some

of the finest alumni of the college, which are included to motivate and inspire the present crop of students to give their best as students.

The students have proven, through this publication, that they are prepared for the responsibilities and tasks of nation-building in the future. Aware of the expectations of society from them, this university has given them all the support they need to imbibe leadership skills and become informed, responsible citizenry who will shape the destiny of our nation Nigeria tomorrow. The success of this publication affirms their readiness for the onerous challenge ahead of them. I must also state that the publication of this magazine aligns with this administration's five-point agenda to which the student body has pledged its commitment. It goes without saying then, that my administration gives its unwavering support to projects such as this.

On this note, I give kudos to the contributors and the editorial team in particular for doing a great job. I also commend the management of the college for giving the students the support and the freedom to express their thoughts and ideas in this magazine. Our staff and students deserve commendation for doing their best daily to strengthen our place as the best medical school in the country and one of the best in Africa. Your outstanding contributions will definitely not be forgotten in the history of our institution.

Finally, I wish you all an exciting reading.

Thank you



PROVOST'S ADDRESS

Professor Babatunde Akibu Solagberu

Professor of Surgery (Orthopaedic and Trauma)
and 7th Provost, LASUCOM

Students are our pride

I left being an undergraduate student some 35 years ago, precisely June 19, 1987 when I left the University of Ibadan (UI) medical school. As I look back, it is obvious to me that one of the best decisions of my life was choosing the University of Ibadan and by extension getting a chance to do residency at the University College Hospital, UCH, Ibadan. Up till date, I have under-utilized the great opportunities available to me through these associations but the little I have as of now is just okay and I would explore more. Therefore, realize that your best decision could be that you came here to meet all the amazing set of people you are encountering, be they students like yourself or the lecturers.

You must believe that you are in the most amazing period in human history but how many of you cherish that. You would rather complain about how harsh the world is, or how harsh Nigeria is! Thus, two lessons are inherent in these statements. An accomplished older person who once walked your path in another institution is telling you something that sounds unbelievable—so stay close to such people, find them, work with them as mentors and they can give perspectives you have never realized. Stop complaining and just live your own life based on your vision for yourself.

Thirty-five years ago, we did not have personal computers, computers were so big they had to be owned by institutions and housed in buildings called computer centres. One of my roommates in the second year at the University was an Indian boy called Basil who was studying computer science. He would bring cards to the room showing how cards were being punched for programming. Now you have personal computers, laptops, hand held phones with a lot of functions for calling friends and family, cameras for taking pictures, radio, videos, internet use, Microsoft software and other communication tools. So a third lesson in your school years is to believe that tomorrow would be better because a lot of research is going on to develop the world. Just play your part well.

After leaving school, you would realize that you had come across a variety of colleagues—your peers from different backgrounds and demographics; gender, race, tribe, religion, age or creed. Avoid stereotyping people or practising prejudice. Do not associate **with only** the people who look just like you—same gender, same religion, same tribe, same colour, same age, same socio-economic status, same creed etc. While it is beautiful to feel accepted when in the company of people who are just like yourself; the best education in life can come from relating with a different set of people with an intention to appreciate where you are different from them—that brings understanding and tolerance.

Peer pressure is real at all ages—the 60 year old would feel the need to be living in his own house with his family; the fifty year old would want to have a good job with high level of financial security; the forty year old believes he should have

his own car, family and impressive wardrobe; the thirty year old would wish to have possessed at least two degrees with impressive resume while the twenty-year-old would still be in the university trying to form an idea of what to do with school. Whatever your thoughts, the 15-25 years of age (the age bracket of nearly 100% of you) represent the most difficult period called growing pains. That is when you have new beliefs, new ambitions, new political views and how the older generations do not get it and only you know better.

You know I love relating with you a lot because I earn a lot from such associations—whether the ladies or the gentlemen as I saw in all of you what I was years back and sometimes ponder if I could make more impressive choices in my adult life. **You are the reason the university was established**, with a view to developing you to contribute to local, national and global developments. You may be voiceless but you must have a dream. Your dream should be what Oprah Winfrey called “being the truest and highest expression of yourself”. Being selfless, practice volunteerism, be focused, know why you are here—not only to get a good certificate but also to have great character and discipline, be involved in student unionism, school politics, association agendas, hold positions of responsibility and contribute your own quota, being a trustworthy member of the community. Learn a lot from all the lecturers and the non-teaching staff. Even the person whose attitude you do not like; you are learning how not to behave—whether that person is your colleague or lecturer. Be intentional, be purposeful and be result-oriented; the world is looking for those who bring results, not arm-chair philosophers who only know how to pontificate and criticize doers. Do not be afraid of success because successful people like us have stones thrown at us and you wouldn't want such things to happen to you but I promise you that you would build empires with such stones through the experiences you would gather. Do not be afraid to fail by shying away from great ventures—personal or group; be daring. There is no humiliation in failure—only lessons are learned as “FAIL” is otherwise described as **F**irst **A**tttempt **I**n **L**earning. Both fears are common at all age groups—fears of success and of failure.

Both are two sides of a counterfeit coin. Embrace life and living, have faith in God, the way you perceive Him in whatever belief and do not attempt to bring, preach or force others to take up your faith. Let them by themselves choose what to do.

I may have done a few admirable things for your set or those before you like sponsoring 15 students in 2016 to travel by air from Lagos to Kaduna and back on their way to Ahmadu Bello University Zaria to participate in National Medical Schools competition at which your school came first only for me to find out that 13 of them had never flown before and the other two had one person flying only the second time in her life. Our school Lagos State University College of Medicine (LASUCOM) was the only one with such privilege. Again on my second coming this month of October 2022 after a protracted court case with the University in which I became victorious and I was returned as Provost to complete my tenure; I had to release four buses to transport all the 135 students who applied for the Federal Government Scholarship Examination holding at the University of Ibadan. More than half the students had never been in Ibadan previously, yet Ibadan is so close to Lagos! What wonderful experiences your colleagues who found time to engage in approved club activities and student union events involving other medical schools or the larger university would have been having and they truly are the ones with complete university education.

In conclusion, I wish you the most spectacular time in school as you will soon realize that you have a great opportunity to determine your future in the next ten, twenty or thirty years using your head and your hand to write your own story based on the decisions you make today. Do not give the pen to someone else by being so passive you have no idea you came to this world. Even if you have made some mistakes with your life at the moment; learn all the lessons there are in every portion of your past and determine to move on. Your past does not have to determine your current reality. All the very best in your present and future life.



PRESIDENT'S ADDRESS

learning. I have no doubt about the future of the association as recent events has clearly shown that we have built capacities across board with amazing members who have the capabilities and zeal to successfully execute impactful projects.

I want to utilize this opportunity to welcome LA-SUCOMites to the 2022 LASUMSA Healthweek. The Healthweek is an annual event which has spanned over 2 decades, this year's edition will refocus conversations on the intersection of climate change and healthcare alongside other fun-filled activities. Climate change remains one of the leading existential health threat facing humanity with interventions being put in place responding to the harms caused by this unfolding crisis. Frequent extreme weather events, such as heatwaves, storms and the most recent flood crisis in Nigeria increases the risk of zoonotic, water and vector-borne diseases alongside undermining the social determinants for good health. There is a pertinent need to protect our planet.

On a final note, we must extend a hand of gratitude to the college authorities led by our amazing Provost, Professor Babatunde Solagberu for their unwavering support to the association and student populace at large.

Do have a wonderful time reading this magazine. Thank you

Moshood Habeeb
15th LASUMSA President

It's with great pleasure and honor that I welcome you to another edition of the LASUMSA Scalpel magazine. The magazine is an annual publication of the association, it's pleasing to see that it's reinvigorated after an almost 6 years hiatus. I acknowledge with high praise the conscious efforts of the editorial team led by Iluyomade Damilola, our assiduous Public Relations Office in the rebirth of this insightful piece. This feat is reflective of our common goal in this administration since our inauguration on the 12th of January, 2022 which is to further consolidate the good work that has been put in place to make LASUMSA a global trailblazer among contemporaries. With the resources at our disposal we have organized fronts that will help improve the professional development, academic excellence and general welfare of our members.

It is noteworthy to applaud the outstanding achievements of our members- both students and alumni during the year under review which has further strengthened the position of the college as the pride of LASU and a leading citadel of

EDITOR'S ADDRESS



Alabi Joshua
Editor-in-Chief

We are in the 21st century where the health sector is changing and accompanied by outlandish discoveries, eccentric out of the box methodologies as it spans across every chosen field.

Those tenets are the bedrock upon which every novel approach and discovery is founded upon. The average medical student strives to be better but in LASUMSA being better is our only mantra to portray our great citadel of learning.

This led to the reignition of our annual publication of the LASUMSA SCALPEL MAGAZINE after a 6 year hiatus since its last publication. After careful deliberations and brainstorming sessions by the editorial board, "**Sui Generis**" struck the heart of many and it became the theme for this edition of SCALPEL MAGAZINE.

Sui Generis; A Latin word that means "being unique in a class by itself" defines the basis upon which this magazine and our great institution relies on.

As the Harvard of Africa, mediocrity definitely takes a back seat as we are charged with a vision to become world class students trained by world class doctors even as we equip ourselves with 21st century skills in other areas like politics, sports, technology to mention but a few, so as to be able to compete with other medical students globally.

Our "Sui Generis" edition is meticulously curated with various intersection of contents from politics, matters of the heart, current public health issues, languages and exclusive interviews with trail blazers and many more that will definitely keep you glued to each words as you flip through the pages.

My appreciation goes to God who made this project a reality, to the PRO in person of Iluyomade Damilola that consistently served as a source of encouragement despite his busy schedule, to my editorial team who despite the short period of time could execute this herculean task by working tirelessly through days and nights to ensure top notch content for our readers and to the LASUMSA Executive council 2021/2022 led by Hon. Moshood Habeeb for giving us the opportunity to carry out this project with unwavering support.

A big thank you goes to all LASUMSAites for the opportunity to serve them in this regard and their cooperation in filling a number of questionnaires used as study for curating contents.

Special mention must be made to my ever capable Assistant Chief editor Nwaeze Emmanuel, Ijaoba Omobolaji, Olayinka Mariam, Adeseke Kayode, and Adetunji Mohammed who came through last minute during mental block periods.

It is time to sit back, relax and enjoy this masterpiece.

PRO'S ADDRESS



Ilyomade Damilola
Public Relations Officer

The World is evolving fast and anyone that doesn't move with it would be left behind. The depth of information is key for every evolution in a generation. There is a gap between humans and what information is available and accessible to them.

The LASUMSA Scalpel magazine tagged "**Sui Generis**"; an exposition into Medicine, Technology, Arts and Politics. Sui Generis is a Latin word which connotes uniqueness and a piece that is one of a kind which speaks volume of what the magazine truly is. It seeks to bridge the gap between the exposure to trending information and our creative & curious mind.

The magazine is an annual publication of our dear association and has not been published since 2016. As soon as I was inaugurated as the public relation officer, I looked through different tenures and noted the challenges as regards the publishing of the magazine.

This year, we took it upon ourselves to ensure the Magazine gets published after the 6 years hiatus. The publishing of this magazine came with a lot of struggles and challenges, but with stern support of The Editorial board, the Executive Council especially the President, Hon. Moshood Habeeb and the General Secretary Comr. Aremu Olusola as well as the General student populace, The team was able to overcome all challenges against all odds.

The magazine is rich with beautifully written and carefully reviewed articles, interviews, cross-sectional studies and poems with medical themes. It also cuts across other areas like Technology, Arts, Politics, lifestyle and Research. The magazine also added spices of our journey in medical school and experiences that are relatable to us all as student of this prestigious institution. Scalpel Magazine did not only appreciate our past or immediate experiences but also projects into the future.

My appreciation goes to the good Lord, for transforming this lofty idea of mine into reality. Why not take your time and meticulously flip through the pages of this rich monument; as it is packed and loaded with novel information. I wish you a swirl experience. Please read, enjoy and share

Acknowledgment

- Prof. Babatunde Solagberu
- Dr Abayomi Ogunderu
- Dr Joseph Hundeyin
- Dr Tunde Ajayi
- Alabi Joshua
- Nwaeze Emmanuel
- Akintokun Adedamola
- Ijaoba Omobolaji and other distinguished members of the editorial team.

Executive Council



Moshood Habeeb
President



Okoye Paul
Vice President



Aremu Olusola
General Secretary



Adebayo Victor
Assistant General Secretary



Ayomide Itunuoluwa
Financial Secretary



Oladunni Zainab
Treasurer



Yisa Jamiu
Welfare Director



Oladunjoye Micheal
Sports Director

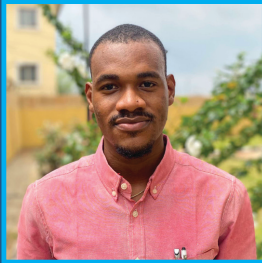


Odewumi Ifeoluwa
Social Director

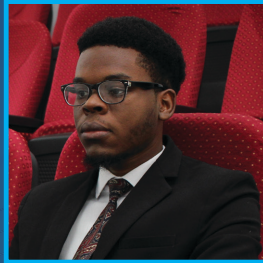


Iluyomade Damilola
Public Relations Officer

Editorial Board



Alabi Joshua
Chief Editor



Nwaeze Emmanuel
Assistant Editor-in-Chief



Isaiah Oluwatosin Samuel



Adedamola Akintokun



Anifowose Joy



Durodola Ayomide



Ijaoba Omobolaji



Lawal AbdulQudus



Lateefat Mustapha



Aileru Kayode Favour



Lawanson Precious Ayo-mide



Adaranijo Aisha Oladunni

LASUMSA Senate



Hon. Abdulbasit Oriloye
15th LASUMSA Senate Speaker
500L Constituency



Hon. Ajadi Yetunde
Deputy Speaker, Chairman,
Senate Committee of Finance
500L Constituency



Hon. Abiola Fadeyi
Scribe,
400L Constituency



Hon. Umossoh Akan
Chief Whip,
400L New Constituency



Hon. Adedamola Oyenuga
Head, Senate Committee on
Welfare,
500L Constituency



Hon. Abdul-Muiz Fashola
Head, Senate Committee
on Sports and Socials ,
500L Constituency



Hon. Oludola Oyenuga
Head, Senate Committee on
Information and Procedure
400L Old Constituency



Hon. Promise Lana
Head, Senate Committee
on Special duties,
400L Old Constituency



Hon. Olugbemi Osunsanmi
600L Constituency



Hon. Angel Ezendu
600L Constituency



Hon. Oluwapelumi Idowu
400L Old Constituency



Hon. Idris Ibrahim
400L New Constituency



Hon. Efunjola Sowemimo
400L New Constituency



Hon. Faaiz Abdul-liadi
400L New Constituency



Hon. Malik Olalere
300L Constituency



Hon. Muneerah Olowu
300L Constituency



Hon. Raheem Balogun
300L Constituency



Hon. Ibrahim Mukhtar
300L Constituency



NEKUS BETWEEN TECH

Over time, the tech industry has metastasized and infiltrated several economic subsectors, making up about 30% of the world market. With the meteoric rise of technology-driven startups in Nigeria, healthcare represents the third highest in shares following fintech and e-commerce [Statista, 2022].

The emergence of pandemics and growing burden of doctor-patient ratios in nations like Nigeria (est. 1:10,000) make innovation not just a buzzword but an imperative for both developed and developing nations.

For medical practitioners on the frontline, the marrying of technology and healthcare beyond the many benefits imply newer practices and ways of doing things, from treatment options to emergency/trauma response. For patients on the receiving end, it would mean getting accustomed to laptops and tablets in hospital settings as much as they are accustomed to hung stethoscopes.

APPLICATIONS: ANASTOMOSING TECH AND HEALTHCARE

It is now amusing to fathom the idea that at a time in the history of medicine, innovations like X-rays, MRI, rapid test kits (e.g., glucometers)

were at best medical fiction. In today's world, the infusion of technology and healthcare has reached groundbreaking milestones. The list is endless but here are a few that will tickle your brain.

Artificial Intelligence (AI)

You can think of this as humanity's way of building smarter brains using algorithm and software. Supercomputers use artificial intelligence to comprehend, process and interpret highly complex data.

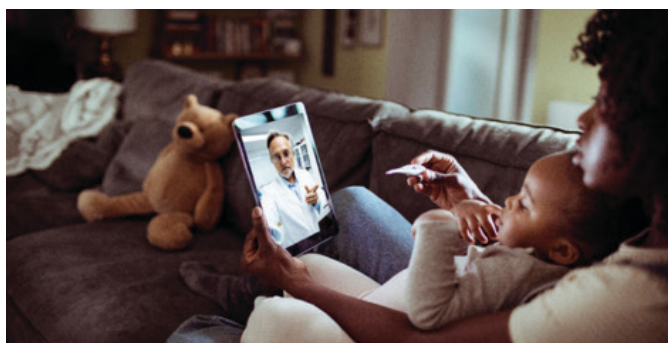


In healthcare, they are used in mining voluminous medical data and redesigning new drugs for disease variants and epidemics. Google's DeepMind has exploited this innovation to carry out breast cancer analysis at performance rates several times better than human radiologists. Same can be said of how cloud computing simplifies medical record handling in contrast to bulky case notes that are arson prone.



TECHNOLOGY AND HEALTH

Telehealth



Ongoing virtual consultation between a mother, her child and a healthcare worker, Source (www.ibm.com)

This intervention cuts out the need for physical hospital visits that would cost time, energy and incur throbbing headaches.

Telehealth provides remote delivery of healthcare services without the need to leave your home. It could employ the use of mobile and web consultation applications. During the COVID-19 pandemic where movement was in many ways restricted, telehealth grew in increasing demand and virtual response teams across the globe were created to that effect.

3D Printing



3D printed prosthetic, Source (www.wevolver.com)

Human bionics for a long time have been ideas you would only see in Hollywood movies like Robocop, until recently. With 3D printing, solid objects can be made easily from a digital model. In the medical space, blood vessels, prosthetic limbs, dental implants and several medical equipment have been successfully made through this new age printing – with high demand by amputees.

In November 2019, a method was developed to print 3D skin grafts for burn victims.

Smart Ambulance

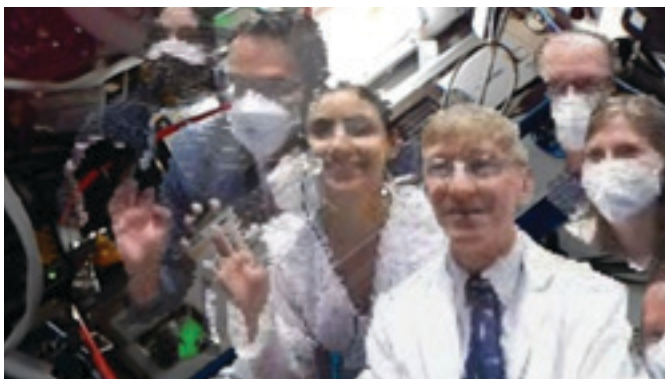


Like smartphones, there are smart ambulances revolutionizing emergency medicine with sophisticated technologies. These upgrades include GPS systems to bypass and monitor traffic, automated and synchronized medical equipment sending vital parameters to the hospital before getting there.

These micro adjustments help to reduce death in transit and ensures speedier trauma response.

Holographic Medicine

Medical professionals sent to space as live interactive holograms on Oct 8, 2021



In 2021, a group of medical professionals were holoported to a space station owned by National Aeronautics and Space Administration (NASA). The technology makes use of specialized image capturing and transmits 3D models of people across impossible distances, such that they cannot just be seen, they can also be heard.

This development opens massive doors for the future of remote medicine.

DRAWBACKS: ZOOMING IN ON NIGERIA

While the nexus between technology and healthcare seems like a story that always wraps up in a happy ending, there are certain challenges that appear inevitable.

For healthcare professionals, there is the hurdle of becoming skillful enough to handle certain advanced technologies. There is also the burden of employment, as modern medicine creates new job positions that may not demand expert medical knowhow and bears the gruesome potential of rendering some roles unimportant – imagine getting replaced by a software in a country with high unemployment rates.

In developing countries like our motherland Nigeria, a constant drawback is funding and a lack of integrative infrastructure. A good number of technological devices depend on stable power supply and will become expensive liabilities in light of epileptic electricity.

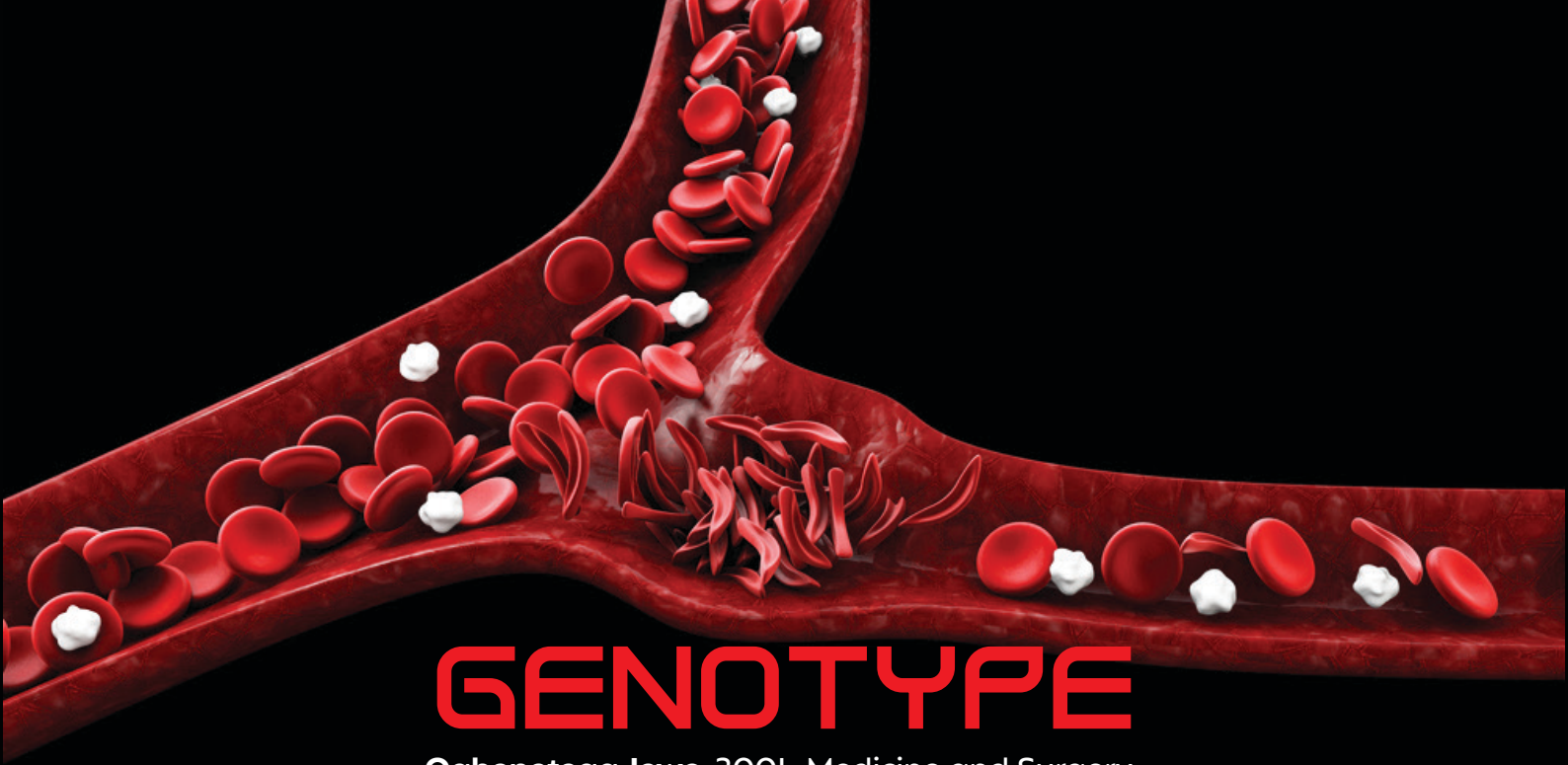
There is also the question of sustainability which ties back to funding and deliberate continuous implementation. A good instance of this is the issue of Electronic Health Records (EHRs) which although has some level of implementation in centres like Kogi State Specialist Hospital and Federal Medical Centre, Ebutte-Metta, has not reached national consensus.

It goes without saying that increasing medical concerns and the emergence of novel health conditions have created a mandatory need for technology in healthcare. However, there is still need to address barriers that may be economical, political, environmental, or educational as outlined by the United Nations Sustainable Development Goals.

It is by meeting these needs that the symbiosis between technology and healthcare will not just be a working relationship evident in developed nations but also an instrumental tool in rising nations as well.

Nwaeze Emmanuel Onyekachi

400L, Medicine and Surgery



GENOTYPE

Oghenetega Jewo, 300L, Medicine and Surgery

Someday I'll stare through tomorrow's eyes and glimpse
Sneak-peeks of today's elusive possibilities.
An era when my worth will not be quantified or qualified
By the sickle-shaped resident cells subsisting in the red
Liquid coursing through my veins.
Someday I'll conquer my endless fears and limitations—feters
In the face & phase of discrimination; as I raise my victorious
Clarion call against those who chastised me, for bearing a burden
Which coincidentally happens to be an unsolicited souvenir
From the benevolent chambers of parturition.
Someday I'll shed tears of joy, refined from the cascades of sadness
That gather slowly beneath the trickling waterfalls of sorrow
Which colonized the deepest vortices of my soul—
Each drop, renewed from the negativity of low self-esteem and silent
Isolation, to the salvation of insatiable vocal expression.
Someday I'll dwell in a world, where each day will not have to be
A painful reminder of the irony governing my existence—
That the famed life-giving blood, stabbed me in the heart, stealing life from me
In hungry gulps of infirmity, drinking in my pain with unmasked
Thirst for death, as if I'm to be blamed for being a malleable vessel.
Someday I'll stand strong and defiant, on the shoulders of those that
Came before me, and who suffered the same predicament.
I'll kneel on sturdy limbs, with hands clasped in fervent supplication—
That the eyes of humanity, even to the reaches of posterity,
Be opened to the heart-wrenching plight of a sickle-cell patient.



AN INTERVIEW WITH

Dr. Abayomi Ogunderu

(MD, FACP)

(Internal Medicine Specialist | LASUCOM Alumnus)

Good day sir, thank you for making time out of your busy schedule to speak with us. We'd like a brief introduction about you.

My name is Abayomi Ogunderu. I graduated from Lasucom in 2008. I did my house job at LUTH, Idi Araba, and my service in Akwa Ibom. I am a physician here in the United States of America, married with two kids.

Great sir! We have some questions to ask you. First, How was life for you in LASUCOM?

Well, life for me in LASUCOM was divided into two parts; the first was coming with high hopes from Ojo, and then I met Anatomy, Physiology and Biochemistry. If you were putting in a particular effort at Ojo, you just have to double up the effort. The beginning was tough, that I considered quitting medical school. Probably going back to Ojo to do Microbiology, or retaking JAMB to study Economics but when I took my first set of incourses and it was good, then I knew it would be fine. You just have to keep pushing. From my third year onward, it was great. I had fun in LASUCOM, and made my best friends in LASUCOM.

We are aware that you chaired committees and won several awards that are quite intriguing, can you give insights to how you navigated medical school?

As a person, you have to be an all rounder. You are not just a doctor, you are a leader. Time management is key. You should be able to say 'No' on some occasions. Pay more attention to what is demanding the most.

Looking at your achievements, there are a number of scholarly accolades you've had under your belt, how did you manage all of it along with other extracurricular activities you were involved with in school?

I had a clear vision of what I wanted to achieve in LASUCOM. I didn't allow anything to come between it despite my love for politics and committees. After all the activities, I made sure I created time to study.

How did LASUCOM prepare you for the health sector outside of school?

Talking about the health sector, it's not only about the hospital. Mental health and rehabilitation centers are part of the health sector. Parks, good roads, good housing, good pay, even bars and clubs are part of the health sector. Medical education is continuous for the rest of your life. LASUCOM played its part too quite well.

What are your fondest memories of LASUCOM? Favorite and worst postings?

The provost cup. Soccer is my favourite game. So,

having to engage in the Provost Cup, argue about the Premier League and other soccer games with friends was amazing. The second is the Quiz Team, sitting with the seniors I looked up to. My favorite posting was OBGYN, and the worst was surgery because I knew I wasn't going to be a surgeon.

You're likely one of the earliest in your set to 'japa' (lol); why the United States and how easy was the transition?

My cousins were born in the United States of America, they reside there but they come home every now and then to spend time with family. Also, I consider America as the best place to practise medicine.

Is clinical practice anything like you expected it to be? What are the most important differences between practice in Nigeria and in the United States of America?

I really didn't practice in Nigeria. I did my house job in LUTH. Here in the United States, the patients get more value, physicians get more satisfaction. I don't like comparing. Like they say, comparison is the thief of joy.

What was your residency experience in internal medicine like? Was it your first choice of specialty and how has it been so far?

I finished residency in 2017 here in the United States. It is just like your textbook coming alive, you see what you read, there is no sugarcoating. I feel fulfilled practising medicine in the United States. I didn't want to be a surgeon.

Do you have any golden advice for students who intend to specialize?

My advice for you is to enjoy this stage of your career, go with the flow, enjoy it.

Have you had any interactions with LASUMSA since your induction? Is there anything you'd like to do to impact the budding doctors? Any advice for them also?

I've always been in touch with LASUMSA. I was home in 2015 to talk to students during the Health Week. I've never lost touch with LASUMSA. My advice for you is to enjoy this experience because before you know it, it will be over. You might not like some of your lecturers and teachers. Life has taught me that I don't have to like everyone. Keep your future in mind, don't waste time pursuing irrelevant things, enjoy the process. Focus on what you are doing. If you want to be a doctor, be a good doctor. If you want to dive into IT also, make good use of both. As a budding doctor, you can do any other thing. Also get involved in politics and LASUMSA activities.

If not medicine, was there any other interest you'd have pursued or you're currently pursuing in tandem with clinical practice? If yes, how have you been able to strike a balance?

If not medicine, I would have been a lawyer. I always wanted to be a lawyer but my dad had me change my mind at age 13. I attended Igbobi College. One of our alumni, Teslim Elias, was heading the International Court of Justice. It was impossible to attend the same school with Teslim Elias and not want to be a lawyer. I also wanted to be an actor.

ADDRESS FROM THE Past Editor of the Scalpel Magazine

- Dr. Joseph Hundeyin



Scalpel magazine is one of the projects of the Lagos State University Students' Association (LASUMSA) that brings pride to the association. I was therefore sad when I learnt that the last edition published was 6 years ago. Before then, I also published the magazine in my tenure as the Public Relations officer. LASUMSA has too many well-to-do people linked to it for the magazine to be out of production and I hope there would be a turn in the fortunes of Scalpel.

Scalpel magazine is a medium to share our creativity and tell our stories to other medical schools, the entire country and the world at large. It captures the activities within the college from the student side of things and allows our lecturers, consultants, academic and non-academic staff, and alumni understand what the students of the college have been up to or been through. This helps them relate better with the student community and provide support for the several initiatives put forward by the students.

When the current LASUMSA PRO, Damilola Iluyomade, told me about the plan to publish another edition of Scalpel during his tenure, I gladly encouraged it and offered my support.

The General Secretary, Olusola Aremu, has also played a key role in keeping in touch and getting me on board. Again, I trust with the support of other members of the executives and the team he puts together, he will successfully pull it off and hope those after him continue with production.

To the current students of this great college, it is important to be aware that beyond the walls of LASUCOM, there is a very big world of unimaginable and endless opportunities. We have various products of the College in different spheres of life – clinical practice, academia, health management, politics, finance, etc. across the various continents of the world. I cannot even begin to imagine what the range would be like over the next decade and beyond. Person wey ask road no dey lost. This is a very valid saying as long as you ask the right people. Consult those ahead of you, utilise the internet to seek relevant information and do not be afraid to ask questions. But in the end, make sure the decision about what you finally do with your life is yours and yours only. Some of you are probably undecided about what career path you would like to follow. Others are probably clueless altogether. And this might be a cause of anxiety especially as you approach the final year of your studies and you start feeling the pressure of sorting out your life that comes adulthood. Do not panic! I could have sworn I was not going to do Obstetrics and Gynaecology even right up until the end of my NYSC year. But here I am winging it one day at a time. To be honest, I am actually doing more than winging it. I am sailing through it. Remember, it is not a competition, it is your race – run it at your own pace and on your own terms. I urge you to listen to the spoken word song by Baz Luhrmann titled Everybody's Free (To Wear Sunscreen). And for those of you that already have, cheers!

On a final note, working and learning never ends. Remember to create time to enjoy life, enjoy the company of those you hold dear and cherish those wonderful moments. If you are not doing it now, you will not do it later. Start living a balanced life from now. I wish you all the very best in your future endeavours.

Depression in Medical School and Coping Mechanism: A Cross-Sectional Case Study

What's the first thing that comes to mind when you see a doctor? For the average person, they think about the prestige, they think about the pride doctors must feel with their white coats and stethoscope. Well, they're right, being a doctor is a thing to be proud of; but let's talk about what it takes to become a doctor. Brain drain amongst doctors is a common topic, depression among medical students however, is not explored enough.

A survey was carried out via an electronic questionnaire among students in Lagos State University College of Medicine; of the responses that were gotten, 85% confirmed that medical school is depressing for them. Of the 85%, more than half of these responses attributed the cause to workload and pressure to pass examinations. Undoubtedly, every student will feel pressure at some point, but for medical students, there is an exponential increase. There's pressure from parents, pressure from extended family, because everyone expects you to be the best; and when you find out you're not the best, you start to doubt yourself and your abilities.

The never ending cycle of examinations, the constant fear of failure, the feeling of

disappointment when your results don't match your efforts, because that is bound to happen, the feeling that you're trapped and aren't moving forward because medicine doesn't leave much time for you to do other things; all these can lead to depression, and eventually the excitement you felt with the admission to study medicine and surgery gradually dissipates.

There are several ways to deal with the depression that comes with medical school. The second part of the questionnaire asked the students what their coping mechanisms were, and the most recurring responses highlighted include sleep, listening to music, alcohol, weed, partying, and talking to friends. Some others cited praying, talking to seniors, taking a break, and skipping lectures as their coping mechanisms.


One particular response, a female, said her coping mechanism is to whip herself until she feels numb. It is quite obvious that some of these coping mechanisms are not the healthiest; and it's easy to judge them because we might not understand the extent to which they're suffering, literally, but what these students see is that they need to survive no matter the cost.

Despite the fact that they're somewhat in the healthcare sector, mental healthcare is not entirely accessible to medical students; so the idea of going to see a therapist is an alien one. What then can they do to keep their heads above water? That answer is relative; for some, praying does it, for others they need to leave the school environment to feel sane, for some others, they take substances to make them forget about their realities. Others binge eat, talk to their senior colleagues etc.

In conclusion, there are indeed a vast amount of coping mechanisms, the important thing for every medical student is to find the one that works for them and won't kill them in the process.

Ijaoba Omobolaji
400L, Medicine and Surgery





MEDICAL STUDENT AND RESEARCH: IS THERE A BIPARTITE RELATIONSHIP?

A quick review of the personal interests and participation of research amongst medical students would undoubtedly show perceptions that ranges "boring", "uninteresting" and "stressful" or at least similar correlates. Interestingly, research is much more than this. In a knowledge-driven world, the basic concept of adding to knowledge or at least using knowledge to ask intellectual questions is still superficial in describing the usefulness of research. In its simplest forms, research is an enquiry into what is, what is not and what could be. It is the ability to ask questions and find solutions. It is both that which asks and defines the "how", the "why" and the "what" of any question. Unequivocally, for a society to evolve and develop multi-dimensionally, research and its application should be the main focus of investment.

The investment of global economies on hypothesis-driven scientific processes in healthcare research proves to be a formidable tool in combating poor health outcomes and public health intervention. Research has helped clinicians plan strategies that cre-

ates best patient outcomes, epidemiologists; to monitor disease patterns and many more. The recent global outbreak of the SARS-COV2 viral infection further stressed the importance of research. With objectives of reducing morbidity & mortality while limiting the spread of the infection, researchers were quickly able to identify the viral cause of the disease, develop vaccines through clinical trials, boosters for immunity and identify high-risk groups through prevalence studies.

With the recent advancements in medicine and health, medical undergraduates should be invariably involved in academic research. Engaging in research at an early stage will help in honing certain skills like academic writing - a skill that will be required in any stage in medical career post-graduation. In practise, academic writing can be difficult. However, with the right guidance of practise and mentorship, it can be honed-ultimately putting them ahead in their career. This goes especially for the students who are already interested in a career in academia and research. Furthermore, engaging in research helps develop skills such as critical thinking & analysis while further laying a seed of inquisitiveness and enthusiasm for knowledge amongst the students. Research also gives students the opportunity to build relationships with themselves and mentors through collaboration, build confidence in them and make them more independent in undertaking projects. In countries where research is not a major invest-

ment and where pertinent data is largely opinion-based and not evidenced-based, medical students have a role to play in contributing to available data that would be used to develop policies and interventions in the health sector.

Ergo, research should be a critical aspect in medical curriculum. I further opine that in medical school, there should be frequent intellectual debates in assignments and mini-research topics given to students. Knowledge should not just be consumed but added even in micro aspects. Intellectual debates would spark inquisition and curiosity while topic presentations would help students boost their presentation skills and public-speaking. In addition, this wind encourag collaboration amongst students.

For medical undergraduates, it is also interesting to note that relevant research experience is a distinguishing factor for competitiveness in a career either in health institutions, academia or policy making. On their individual part, students should be involved in learning about research by attending trainings, internships, present in scientific conferences, publish papers in peer-reviewed journals and engage with academic staffs for mentorship. In a world with ever increasing health problems, research with a human-centred approach will be fierce and only those with the skills to compete will truly be called OUTLIERS.

ACKNOWLEDGEMENT

Special appreciation goes to my mentors for their unwavering support and encouragements in my research journey in this college- Prof. Bolanle Ola, Prof. Biodun Adewuya and Prof. K.O Wright. Upon these precepts do I dedicate this article with hopes that the quill moves downwards just as I was privilege to hold.

Soyemi Toluwalashe
President,
LASUCOM Research Club.

INTERVIEW WITH DR. TUNDE AJAYI

(Special Adviser to the Lagos State Government on Health)

ON POLITICS AND HEALTHCARE

First off, we would like a brief introduction of yourself

I am Babatunde Ajayi, Senior Special Assistant to the Lagos State Government on Health. I graduated from the Lagos State University College of Medicine in 2014. During my stay, I served as the LASUMSA President in the year 2012. I also proceeded to bag a Master's degree in Public Health and Business Administration from Belgium and England respectively.

Why did you pick public health as a specialty?

The reason I chose public health was because I loved the idea of impacting and improving health care on a large scale involving populations rather than clinical medicine that addresses individuals; not to downplay the importance of clinical medicine to health care

How did the Lagos State University Medical Students Association prepare you in getting into politics outside the walls of LASUCOM?

LASUMSA is a second leadership experience I have had and it has shaped me in identifying and finding long lasting solutions to problems instead of ranting about them.

It prepared me to solve real life issues.

Why did you choose to remain in Nigeria? Was leaving the country ever an option for you?

After medical school, I wrote and passed my PLAB exams and postgraduate studies in the UK. I got certified in occupational health and travel medicine and was working with NNPC. Although I had the option to "Japa" and even when most of my friends traveled out, I stayed back because I wanted to contribute to the development of health care in Nigeria - despite the numerous options abroad.

What is your opinion on the brain drain situation in Nigeria?

Brain drain is unfortunately bound to happen. The cost of training doctors in Nigeria is way cheaper than our counterparts abroad. There was a time I met the then provost and he frankly said that our school fees as medical students is not enough to fuel generators in the college. This shows that medical education in Nigeria costs the government a lot. Doctors would always want to go to where it is easy and comfortable to practice. And there should be a remuneration from those countries to cover for what the government is losing as regards their training. Policies that would improve the general welfare of doctors and working conditions could also encourage doctors to stay.

What is the most intriguing part of being Special Adviser to the Lagos State Government on Health?

Remembering all those things I used to rant about to Babatunde Raji Fashola in those years and now having to face them and contribute to their solution has been revealing. It is a different ball game when you are actually involved in finding solutions to systemic issues.

With regards to the health sector and medical education, what 21st century curriculum should be incorporated to further better the health-care sector?

I think medical students should be trained on medico-legal studies, jurisdictions and anything

related to medical ethics. These subjects should be incorporated into the medical curriculum. I can recall Prof Wright of Community Health at the time once took us a class on medical ethics. Students should also be trained on the business aspect of health care because doing this will also help in making doctors stay as it could help harness their entrepreneurial skills. The curriculum should be periodically reviewed to meet up with contemporary needs.

As a Special Assistant on Health to the Lagos State Government, is there any opportunity available to medical students before and after induction into the medical profession that they can exploit?

There are internship opportunities for medical students in the Ministry of Health during elective periods and you can write to the Ministry. This could expose students to identify problems that they can proffer solutions to within the health sector.

To deviate a bit, was there any intention to practice after medical school or was politics a set in stone decision for you?

On a lighter mood, in my final year book I wrote down neuro money in the specialty section. Then I had flair for surgery at some point in time and if I would have had to specialize, my friends and the influence of Prof Rabiou would have lured me to Obstetrics and Gynaecology.



RIDDLES

1. Fingerprints
2. Address
3. Night
4. Keyboard
5. Wholesome
6. Shirt
7. 3'O clock
8. Elizabeth is drinking coffee. The letter E appears in her name twice as the others drinking coffee
9. I am 40, my daughter is 10
10. His father was in front of him when he was born, his mother died while giving birth to him. Finally, he grew up to become a pastor and married his sister at her ceremony.
11. Birthday is on 31st of December
12. 1 and 9

1. The more you take, the more you leave behind. What am I?
2. What type of dress can never be worn?
3. What falls but never breaks?
4. I have keys but no lock, I have space but no room, you can enter but can't go inside. What am I?
5. Take away the whole, and some remains. What is it?
6. What has a neck and no head, two arms and no head?
7. If eleven plus two equals one, what does nine plus six equals?
8. George, Helen and Steve are drinking coffee. Bert, Karen and Dave are drinking soda. What drink will Elizabeth have?
9. I am four times as old as my daughter. In 20 years time I shall be twice as old as her. How old are we now?
10. There was a man who was born before his father, killed his mother and married his sister, yet there was nothing wrong. Why?
11. The day before yesterday, Chris was seven years old. Next year he turns nine. How is this possible?
12. What two whole positive numbers have a one digit answer when multiplied and a two digit answer when added?

MEDICAL FACTS

1. Do you know that your ears never stop growing?
2. You typically only breathe through one nostril at a time
3. A surprising number of people have an extra bone in their knee [fabella]
4. When you Blush, your stomach lining also reddens
5. You typically breathe only through a nostrils at a time
6. Riding a roller coaster could help you pass a kidney stone
7. Finger nails grow faster on your dominant hand
8. Fish skin contains collagen which can be used to heal burns
9. Playing electronic music can help keep mosquitoes at bay
10. You are taller in the morning than you are in the evening



MEDICAL WORD SEARCH

C N Y G I D O C T O R L A T I P S O H Q G G G T
H C A R A P T V H L B Q A A U A W O N T N H S N
R H J C W U G Z I P U U A L D J E A X P I S H M
O Q D G S G Z I N P O O S L R J K R E T H T E E
N A F Q A T A E N G Z E T E F P A D F C T E O T
I B D Z W C C L F K X O B R E Y A I I I A T D S
C D N U O S A R T L U R M G V Z E A L R E H B Y
P X T O U R N I Q U E T T Y E X S D D T R O L S
A C U T E V L S U R G E R Y R S A N L A B S O E
H T X R R K S A M O D A X Y E M M A I I P C O N
R W H U T I P I T J Q C U R T W R B H D E O D U
P E C E H E A L T H Y L T E L V I I C E E P P M
G I W G R P G H J A I S E H T S E N A P D E R M
L S P N T M G N C R E T E M I X O E S L U P E I
O R N V O N O S I L N O I T A R E C A L Z N S N
V S R O I I U M D R E U I N F E C T I O N E S O
E L M P I T T H E I Y E M U K O R B H N H G U I
S O O O U T K A N T Q S H S C Q O S G B N Y R T
B C R R T O O U R O E I G W B D S U O V U X E C
S J E N N P W M F D E R T E C N A L I V R O C E
J S C Q Y V M V E E Y S I S O N G A I D S T U J
X G E K V A G Y Y O O H A M V J N H P N E X F N
B D E S T Y J Y S M M E D I C A T I O N J S F I
E P I S T A X I S P N B L O O D G L U C O S E Y



Acute
Blood Pressure Cuff
CT Scan
Epistaxis
Hospital
J-Tip
MRI
Pulse
Sutures
Ultrasound

Allergy
CBC
Deep Breathing
Fever
Hydration
Laceration
Nurse
Pulse Oximeter
Symptoms
Wheelchair

Anesthesia
Child Life
Diagnosis
Gauze
Immune System
Lancet
Oxygen
Stethoscope
Syringe
X-Ray

Band-Aid
Chronic
Doctor
Gloves
Infection
Mask
Pediatric
Stress
Thermometer

Blood Glucose
Coping
Emotions
Healthy
Injection
Medication
PIV
Surgery
Tourniquet



MEDICAL JOKES

1. Did you hear about the optometrist that fell into his grinding machine? (*He made a spectacle of himself*)
2. A woman complains to her consultant that her daughter lies in bed and eats yeast and car wax. What will happen to her?" ("*Eventually*" said the consultant "*She will rise and shine*")
3. Did you hear the one about the germ? ("*Nevermind; I don't want to spread it around*")
4. Why did the library book go to the doctor? (*It needed to be checked out*)
5. What did the man say to the X-ray technician after swallowing some money? ("*Are you seeing any change in me*")
6. They tried to save him with an IV but it was all in vein.

Anifowoshe Wura

400L, Medicine and Surgery

(Riddles, Puzzle, Jokes, Medical facts)

Knowledge Bank

The Bookstrap Paradox

A time travel paradox in which the consequences of an event in the future travel back in time and cause an event in the past or present, which in turn is among the causes of the first event, forming a casual loop in which both events are caused by each other.

The Herding Instinct

A social tendency in humans to identify with and model many behaviours and beliefs after a larger group of individuals with whom they identify. This is also called the Bandwagon effect.

The Cotard Delusion

This is a rare mental illness where a person who is affected either believes that they are dead or that they have lost all their blood and internal organs.

Clinical Lycanthropy

This involves a delusion that the affected person can turn or transform into an animal usually in the form of a wolf or werewolf, during which delusional attack, they act as the said animal, and be found in forests and woody areas.

Body Integrity Identity Disorder

This is also called Apotemnophilia. It is characterized by the impulsive and overwhelming desire to amputate healthy parts of one's body. Those affected may attempt to amputate their limbs or cause irreparable damage so that surgical amputation is necessary.

Usman Ademola Sadiq

400L, Medicine and Surgery

NIGERIAN YOUTHS:



The deciding factor of the fate of 2023 elections

The 1999 constitution states clearly that an elected leader has the privilege to spend four years in office before another electoral process is conducted. The last election held in our dear nation Nigeria was in 2019. According to the constitution, the next election process should be in 2023.

A youth is someone within the age range of 18-24 (United Nations), but then, in Nigeria today, every vibrant person claims to be a youth irrespective of their age. Generally, the word applies to individuals between the ages of 18 and 35.

The notion is firmly rooted in the belief that the youths have the strength to endure the stress that comes with Permanent Voter's card (PVC) registration more than adults. Many adults display negligence when it comes to politics. Only those who are actively involved in one political party or the other, or need a PVC to secure a particular opportunity are willing to endure the stress that comes with acquiring the document, and that population is very slim.

According to INEC reports, over 50% of registered voters are youths. Previously, the Nigerian youths displayed a high level of negligence towards political affairs. In the 2019 general elections, INEC stated that more than half of the 84 million registered voters were youths, however, on election day, only a small percentage

of them exercised their voting right. Thankfully, there has been a change of orientation in the minds of Nigerian youths.

The 2020 END SARS protest and the Lekki toll gate massacre are testimonials of the fact that Nigerian youths have increasingly become sensitized to and aggrieved by the socio-economic challenges in the country. The minds of youths have been reawakened to their capability to play a pivotal role in the governance of the country. This shift in mindset will birth renewed interest among youths in the nation's politics and increase popular participation.

Moreover, the ability of youths to coalesce and uniformly direct their strength to a cause is unrivalled. The movement among youths with similar interests in preparedness for the 2023 election is massive, and these people share the same voice and direction. This strength is exemplified not just physically but also virtually. An example of this is the success of the EndSARS movement in getting the government's attention via the many hashtags and tweets on social media which was pioneered by the youths. Those involved in the movement, remained resilient until their voices were heard. They were drenched by the rain and scorched by the sun yet they remained on the field, airing their grievances. They displayed great sense of resilience.

Another example of the power of unity among youths is seen in the recently concluded gubernatorial election in Osun state, where a popular Nigerian artiste mobilized youths to swing victory for his uncle. In the same vein, Nigerian youths are fully prepared to pass on the same energy during the general election.

Looking on the flip side of this discussion, if one were to truly assess the common misconceptions about Nigerian elections; "Oh, it doesn't matter the amount of energy the youths put in, the fate of this coming election can only be decided by those in power" or "This is Nigeria, a country where votes don't count, a country where free and fair elections cannot be guaranteed", it is easy to get tossed about and drown in the sea of unbelief but have you ever considered the following questions, what is the age range of those usually hired to disrupt the electoral process? who are those paid to steal ballot box-

es away from the polling booths? If you honestly considered these questions, you would arrive at a clear conclusion that the Nigerian youths are like a two-edged sword that if appropriately wielded can bring the changes we desire in our political system to manifestation.

In conclusion, the youths with their numerical strength, drive and focus can, without doubt, decide the fate of the coming election but the question is "would this fate be the new beginning we've all hoped for or the catastrophic destruction of our dear motherland"? I believe the answer lies in the decisions we make come 2023.

LASUCOM Literary club

Bibliography

- Iwok, Iniobong. "Why young people will determine Nigeria's fate in 2023." July 24, 2022,
- https://businessday.ng/amp/politics/article/662739/_



LASUMSA's 2021 Ideal Medical Student Award Recipient & Co-Founder, Healthdrive Nigeria.



Kindly Introduce yourself

I am Adewunmi Akingbola, a final year student of this prestigious College of Medicine and an enthusiastic student of medicine who excitedly looks forward to borderless clinical practice. A very important attribute that sets me apart is my ability to see, think things differently and my continuous resolve to leverage entirely new approaches to solve problems. I strongly believe that humans are its strongest limitations, that humans are usually given several opportunities to change circumstances. Most people recognize these opportunities eventually, but a few people identify these possibilities and make use of them.

What has been your inspiration so far? Why did you choose to be diverse?

To start with, I have always wanted to be a good medical student however, I quickly discovered that whether I give medicine all 24 hours or I give it 12 hours, nothing much changes. Initially, it was quite saddening but I realized that it gave me the golden opportunity to get involved in a myriad of activities and with grit, determination, high risk appetite and hardwork, I can manage it all without having to lose out in any area.

My major inspiration has been my circle of friends (namely Tolani Odukoya, Soyemi Tolu, Paul Jombo, Faweya Seun, Oluwasola Victor and Dawodu Joshua) and I am fortunate to have found them very early. These are the best crop of friends I've seen and again, I am fortunate to be representing them all in this regard, as each person represents the group in different regards. We quickly identify opportunities in different spaces and we jump right on it in a bid to enhance our personal development, acquire 21st century leadership, problem solving and critical thinking skills and so far, these gains have helped redefine our individual circumstances. Eventually, the diversity continued because I never want to allow a trend pass me by.

How have you been able to strike a balance with extracurricular activities despite the workload of medical school?

As an average student, this has consistently been the most difficult thing to do for the past couple of years. It has taken a lot from me, and most times when a lot of people would be asleep, I would be awake sorting out different activities and tasks. Other times, I would be relaxing my mind by either listening to very loud music or watching movies.

However, since my academics was topmost priority, it required the most of my attention and I achieved this by joining the LASUCOM QUIZ TEAM very early. The Quiz Team always kept me on my toes and it was easy to recognize that I was falling behind especially when my classmates begin to ask questions that I should have known but I didn't because I haven't giving enough time to reading. Trust me, these are usually my most heartbreaking moments but I quickly fix up by pausing every other activity to catch up.

I've also had tremendous help from my very close friend and scholar, Ezendu Angel and my discussion group partners who are mostly ladies. These people have held my hands through two major professional examinations and I am beyond certain that we would cross the finish line together.

Since you started this journey, what has been the most challenging obstacle you've had to deal with?

I knew I was strong mentally, but my emotion has never been tested like it was in 2020. A lot happened that year and the emotional trauma is the most challenging obstacle. I managed to rise above it but the truth is, I am still dealing with it and I may have to live with it.

The next most challenging obstacle was lack of financial buoyancy. Long story short, I knew that I had to solve this for myself and thanks to Jesus Christ, it was solved.

What's the single most pivotal decision you made (or what key decisions have you made) that brought you thus far?

I decided to always jump on trends, to equip myself with the necessary information required to penetrate a space. And since then, I find myself putting in efforts to learn new things, skills and meeting new people.

Were there times you lost track or balance?. How did it affect you, and how were you able to get back on track?

Yes, severally. And it affected my academics majorly. As I said earlier, affectation of my academics is usually a very heartbreaking event for me and I immediately implement measures to catch up. However, these times have been manageable and I am usually very determined, I always emerge victorious.

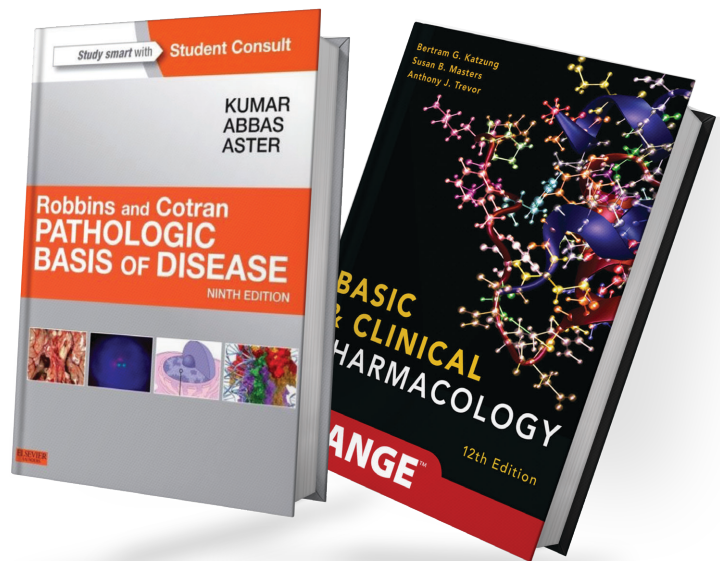
Advice to individuals, especially youngsters who aspire to be ideal.

I think the most important advice is that every young person should quickly identify their strengths, choose their priorities wisely and engage in their personal development. Conclusively, Luke 14:28 NKJV "For which of you intending to build a tower, does not first sit down and count the cost, whether he has enough to finish it."

PATHOLOGY AND PHARMACOLOGY:

The Rate-Limiting Class

in Medical School



"I came, I saw, I conquered."

To aid easy reasoning for my readers without a background in chemistry, a relatable example of a rate-limiting reaction is how you need to get a high score in the united tertiary matriculation examination for the course you desire.

Getting into medical school is the beginning of the reaction; surviving path and pharm class is the rate-determining factor. Across the world, it is probably a unanimous agreement that path and pharm is the most difficult class in medical school.

My school in particular splits the class into five courses each one for a weekday, lectures in the morning and laboratory sessions in the afternoons. There is no better way to explain the meaning of being overwhelmed. Long (mostly boring) lectures and extensive practical sessions drain the lives out of students at this level.

Efforts to read are barely productive as the abstract

nature of most of the topics makes it difficult to understand and assimilate. Harder still, cramming seems the better option as one is not even out of the tides of an incourse before riding into another.

It is however worthy of note that despite the intensity of this class, majority of the students survive and a number even thrive with credits and distinctions. Effective time management, consistent studying and attentiveness in lectures are the bedrock to success in pathology and Pharmacology. For my preclinical readers, here are some testimonies from students that have weathered the storm;

"Even though I felt lost and was just wading through the class, I had it at the back of my head that it was just a phase and it would end so I put in my best in all and had three credits in the professional exams."

"That was no doubt the most challenging year of my life so far, I doubted myself too many

times and cried more times than I can recall. Having resits made it worse but I'm grateful I survived. I believe if I can, anyone can really."

"The actual ghetto. That class messed with my sanity a lot and the days leading to the main exam, I kept thinking it wouldn't be possible or a miracle would happen. Writing five major exams on five days seemed impossible to me but the very day my result was released and i passed, I felt the burden come off your shoulder and of course cried so much. It's one class you have to put in all the energy you have in you into. Even when it seems like it's not enough, keep going. Most importantly pray because Grace is the utmost favour needed to pass that class."

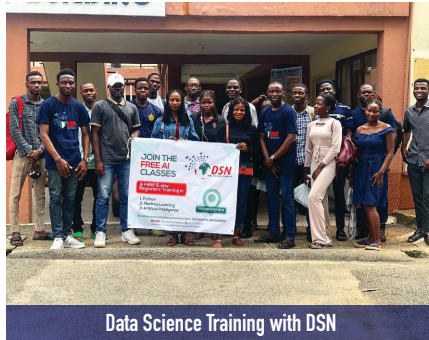
Cliche but true, if you believe you can do it; you will do it.

Akintokun Adedamola
500L, Medicine and Surgery

Photo Album



Executive Council Inauguration



Data Science Training with DSN



Entrepreneurship Summit



FAMSA Quiz - 1st place



LASUMSA Trade Fair



Outreach



Town Hall Meeting with the Provost



Prof. Ogun Intra-Collegiate Quiz



Courtesy Visit



2021 Health Week Dinner



2021 Health Week Fun Trip



2021 Health Week Symposium



2021 Health Week Dinner



2021 Health Week Fun Trip



2021 Health Week Symposium

2022 LASUMSA Outliers

Recognizing outstanding high-achievers who are expanding frontiers and raising the bars...



Adewole Jumoke



Ashade Irunu



Durodola Ayomide



Lana Promise



Odukoya Tolani



Orghomigo Ortega



Oriloye Abdulbasit



Sangosanya Gbotemi



Shekoni Mayowa



Yusuf Taesirat



Olaoye Awwal



Aisha Bada
POST-HUMOUS AWARD



FEMALE GENITAL MUTILATION

DEFINITION/INTRODUCTION

According to the World Health Organization, Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non- medical reasons. The practice is mostly carried out by traditional practitioners. In several settings, there is evidence suggesting greater involvement of health care providers in performing FGM due to the belief that the procedure is safer when medicalized. WHO strongly urges health care providers not to perform FGM.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep rooted inequality between the sexes, and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death.

HISTORICAL BACKGROUND

Historically, FGM is thought to date back to the Pharaonic times. However, the practice is prevalent among animists, Catholics, Jews, Muslims, Protestants, and even amongst the areligious. The first documented opposition to this practice came from medical doctors in Egypt and Kenya in the 20th Century.

EPIDEMIOLOGY

Globally, up to 200 million women/girls have undergone FGM, while a further 3.6 million girls risk being cut annually. FGM is prevalent in 30 countries in Africa and several countries in Asia and the Middle East. The practice has also been reported among certain ethnic groups in Central and South America. The rise in international migration has increased the number of girls and women in first world countries who have either undergone or are at risk of undergoing the practice. The modal prevalence of FGM practice, among women of reproductive age (15-49 years old) are reported in Somalia (98%), Guinea (97%), and Djibouti (93%). On the other hand, amongst those under 14, the modal prevalence is reported in Gambia (56%), Mauritania (54%), and Indonesia (50%). Despite overall declines in rates of FGM high rates of population growth in practicing countries means that the number of affected women and girls will likely increase by 2030.

Nigeria has the highest absolute number

of cases of FGM in the world, accounting for about one-quarter of the estimated 115-130 million circumcised women worldwide.

KEY FACTS

- Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
 - The practice has no health benefits for girls and women.
- FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
 - More than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia where FGM is practiced
 - FGM is mostly carried out on young girls between infancy and age 15.
 - FGM is a violation of the human rights of girls and women.
 - There is evidence suggesting greater involvement of health care providers in the practice. This is known as medicalization.
- The World Health Organization (WHO) is opposed to all types of FGM, and is opposed to healthcare providers performing FGM

TYPES OF FGM

1. Type I: The clitoris is partially or completely removed. The clitoris is the most sensitive zone of a woman and the main cause of her sexual pleasure.
2. Type 2 Excision: The clitoris and labia minora are partially or completely removed. It may also include the removal

of the labia majora. The labia are the lips that surround the vagina.

3. Type 3 Infibulation: The vaginal opening is narrowed, and a covering seal is created. The inner or outer labia are cut and repositioned.
4. Type 4: All other harmful procedures to the female genitalia for non medical purposes" and includes practices including pricking, piercing, incising, scraping, the genital area.

RISK POPULATIONS

FGM is mostly carried out on young girls between infancy and adolescence, and occasionally on adult women and according to World Health Organization (WHO) estimates that over 200 million girls and women worldwide have been affected by female genital mutilation (FGM). An additional 3 million are at risk of FGM every year.

FACTORS RESPONSIBLE FOR FGM

- Ethnicity: Social pressure to conform as well as the fear of being rejected in areas where FGM is the norm. The desire to ensure premarital virginity and marital
- Fidelity: Belief that FGM increases marriageability. The belief that girls are clean and beautiful after removal of body parts that are considered unclean.

COMPLICATIONS OF FGM IMMEDIATE COMPLICATIONS

- Severe pain,
- Fever,
- Infections,
- Genital tissue swelling. - Urinary problems,
- Wound healing problems,
- Shock, death.

LONG TERM COMPLICATIONS

- Vaginal discharge, itching, bacterial vaginosis
- Psychological trauma: anxiety, somatization, depression, post-traumatic stress and other mood disorders.
- Sexual problems (pain during intercourse,

decreased satisfaction)

- Increased risk of childbirth complications (difficult delivery, Caesarean section, newborn deaths)

HOW CAN WE END FGM?

- Discussions about FGM at all levels of society, from the family level, and including boys and men.
- Educational programs and community sensitization to enlighten the public about the physical/psychological effects of FGM on women/girls
- Awareness through radio, TV stations and social media.
- Partnering with religious and traditional leaders to advocate against FGM practices
- The government should do their part regarding the protection of the health of girls and women by passing and enforcing laws that criminalize FGM

CONCLUSION

Female Genital Mutilation comprises all procedures involving the removal of the external female genitalia or other injury to the female genital organs. It is typically performed on girls under the age of 18 and recognised as a serious violation of their fundamental human rights.

Despite the decline that has been observed over the last few decades, the prevalence of this practice remains unacceptably high, with some areas having nearly ubiquitous performance of the procedure. This remains the case despite global initiatives and legislative sanctions, with further difficulties being instigated by the attempts at medicalization of the procedure. Overall, there is a need to increase the efforts on multiple fronts in order to protect those who are at risk.

Abdulwahab Wahidah Fadekemi

300L, Pharmacology

Weight Management Tips:

Steps To a Healthy Lifestyle

Weight management basically refers to both the techniques and underlying physiological processes that contribute to a person's ability to attain and maintain a certain weight. Maintaining a healthy body weight can protect you from a variety of illnesses. Part of healthy living includes how much we weigh, and this is determined by the difference between our energy intake and our expenditure. It is when energy intake exceeds expenditure that a person gains weight.

There are many factors that contribute to a person's weight including: diet, physical activity, genetics, environmental factors, medications, and illnesses. Each of these factors affect weight in different ways and to varying degrees. It is important to sustain some level of physical activity to maintain weight. Activities done should be individual based as most people present with different body types and little effort might just be enough for some people while others might

need extra effort.

There are 3 body types which include mesomorphs, endomorphs and ectomorphs.

- 1. Ectomorphs:** Ectomorphs are typically skinny people. They have small frames. Their rate of metabolism is really fast, as such they burn up calories fast and find it hard to gain weight.
- 2. Endomorphs:** Endomorphs have the solid and generally soft body type. They gain fat very easily and majority of their weight consists of fat. They also have a slow metabolic rate and as a result struggle with weight loss.
- 3. Mesomorphs:** Mesomorphs have large bone structures, large muscles and a naturally athletic physique. They gain muscle easily and also gain fat faster than ectomorphs.



When it comes to managing one's weight, it is important to know your body mass index (BMI) because there are 3 categories and it helps to know which you fall in. The categories include:

- weight gain which is for underweight people
- weight maintenance for normal BMI
- weight loss for overweight or obese people

You need to know your body type as this would help in your weight management journey. For example, an underweight ectomorph knows that he/she has to take in a lot of calories to gain weight and have a normal BMI but an overweight endomorph knows even if he/she has to take in a lot of calories to gain weight, it should also be controlled as much as possible knowing they have the tendency to gain fat fast.

Category 1 : Weight Gain

For those in this category, you should know that your energy intake should exceed your energy expenditure.

Category 2 : Weight Maintenance

People in this category should know that all they have to do is balance their energy intake with their expenditure.

Category 3 : Weight loss

The first and most important step to losing one's weight is to be ready. Losing weight takes time, requires commitment and permanent changes in one's habits. The people in this category have to make sure they are in a calorie deficit. This simply means they need to make sure their energy expenditure exceeds their energy intake and there are a couple of ways to go about this.

Weight loss is not an easy fix so it is very important to have some sort of motivation. This could be an upcoming event or a support group that would keep you in check and help you have an overall better health. Some weight loss tips include

1. **Portion Control:** Reducing plate size helps in portion control and drinking a lot of water just before your meal also makes you feel fuller and so you would end up taking in fewer calories.
2. **Daily Exercise/Increase in Physical Activity:** Physical activity is one of the major compo-

nents in losing weight, it makes up about 20% in the weight loss journey alongside a healthy diet which makes up 80% . Getting active and staying active is very important. Types of activities that can be done include: long Walks, walking up the stairs, skipping

3. **Setting a realistic goal:** For the first few weeks you need to decide how much weight you want to lose and work towards achieving this (this could be 0.5 to 1kg per week).
4. **Increasing Protein and Fibre Intake:** fibre helps with satiety and protein keeps you fuller for longer periods thereby decreasing hunger.
5. **Green Tea:** it has been shown to increase the rate of body metabolism. Pure green tea and not slimming tea. A cup a day wouldn't hurt.
6. **Intermittent fasting (IF):** It helps to lose weight by burning fat once the calories from the last meal have been used up.
7. **Self monitoring and feedback:** Check your weight regularly to keep track. You can use a scale, tape rule and try your clothes on to see if there's any difference.

Conclusion

- Diets do not work. Drastically cutting calories, eliminating entire food groups or depriving yourself of foods you actually like are not strategies for long-term success. The most important thing is to eat healthy and exercise often.
- Waist trainers do not work. You have to make a conscious effort to lose weight in order to get whatever body type you want.
- Reaching and maintaining a healthy weight is important for overall health and can help you prevent and control many diseases and conditions. It helps you lower your risk for developing health problems, helps you feel good about yourself, and gives you more energy to enjoy life.

Odunuga Omorinsola

500L, Medicine and Surgery



MONKEY-

POX

NIMSA-SCOPH LASUMSA
Onootu Blessing Oiza
Local Officer

Monkeypox is a rare disease caused by infection with monkeypox virus. Monkeypox occurs throughout Central and West Africa, often near tropical rain forests.

Its history in Nigeria dates back to April 4, 1971, when 4-year-old girl living in Ihie-Imuduru village in Abia State, South-East Nigeria developed a febrile illness associated with generalized vesiculopustular skin lesions. Nine days later, her 24-year-old mother also developed fever and skin rash. Following laboratory investigation, the child was confirmed as the first human case of monkeypox in Nigeria while the infection in her mother was reported as the first suspected human-to-human transmission of monkeypox in history.

Both mother and child were unvaccinated for smallpox,

but the source of the child's infection was unknown, as there was no prior contact with animals or contact with a suspected case of monkeypox 21 days preceding her illness.

No other case was reported in the country despite active surveillance until November 1978 when a third case was diagnosed in Omifounfoun village in Oyo State, South-West Nigeria. The patient was an unvaccinated 35-year-old traditional herbalist who became ill while temporarily living in Omifounfoun but later travelled to his hometown in Benin Republic, where monkeypox was confirmed by viral isolation. The source of infection was unknown, although he occasionally consumed bush meat. Between 1971 and 1979, several attempts to identify animal reservoirs of the monkeypox virus in Nigeria were not successful.

On the evening of Sept. 24, 2017, an 11-year-old boy was referred to Niger Delta University Teaching Hospital, in Bayelsa, Nigeria, with a diagnosis of atypical chickenpox. Managing clinicians suspected monkeypox, and the skin swab later returned positive for the monkeypox virus. This was the first time since 1978 Nigeria had reported a case of monkeypox. In the following weeks, many more were diagnosed across Nigeria.

Between 2017 and 2021, 226 laboratory-confirmed cases and eight deaths (3.5% case fatality rate) due to monkeypox were reported in Nigeria. In addition, from September 2017 to August 2022, a total of 14 deaths have been recorded, with a case fatality rate of three per cent, in 10 states. The states are Lagos – three, Edo – two, Imo – one, Cross River – one, FCT – one, Rivers – one, Ondo State – one, Del-

ta – one, Akwa Ibom – one, Taraba – one and Kogi – one.

Nigeria has reported more than 300 confirmed cases and four deaths in 2022 alone, which is higher than the cumulative number of cases reported in the prior five years. The source of infection, modes of transmission, risk factors for infection and natural history of the disease in Nigeria in 2022 are yet to be defined. However, investments in surveillance and research should be prioritized to address knowledge gaps regarding monkeypox in Nigeria.

ETIOLOGY

Outbreaks in western and central Africa have been linked to exposure to rats, rabbits, squirrels, monkeys, porcupines, and gazelles. Inhabitants of remote tropical rain forests may become infected from direct contact while capturing, slaughtering, and/or preparing these animals for food; ingestion has also been linked to infection. Consumption of such so-called "bush meat" is particularly hazardous because the flesh is often undercooked.

TRANSMISSION

Transmission can occur from contact with ill animals or animal reservoirs from Western Africa. Additionally, preparing or ingesting infected animals can transmit monkeypox infection. Finally, direct cutaneous (skin-to-skin) or respiratory contact with an animal or person

who is infected can transmit the infection.

SIGNS AND SYMPTOMS

The incubation period averages 12 days, ranging from 4-20 days. In the prodromal or preeruptive stage (lasts 1-4 days prior to the onset of rash), fever is commonly the first symptom (usually 38.5-40.5°C). The febrile illness is often accompanied by chills, drenching sweats, severe headache, backache, myalgia, malaise, anorexia, prostration, sore throat, nasal congestion, or cough can occur. Swollen lymph nodes usually in the cervical, sub-mental, submandibular and inguinal areas appear within 2-3 days after the fever.

Lesions typically develop simultaneously and evolve together on any given part of the body. They are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication (resembles a dot on the top of the lesion). They often occur in the genital and anorectal areas or in the mouth. Rash is not always disseminated across many sites on the body. Rash may be confined to only a few lesions or only a single lesion. Rash does not always appear on palms and soles. Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been frequently reported as well.

COMPLICATIONS

Complications include pitted scars, deforming scars, secondary bacterial infection, bronchopneumonia, respiratory distress, keratitis, corneal ulceration, blindness, septicemia, and encephalitis

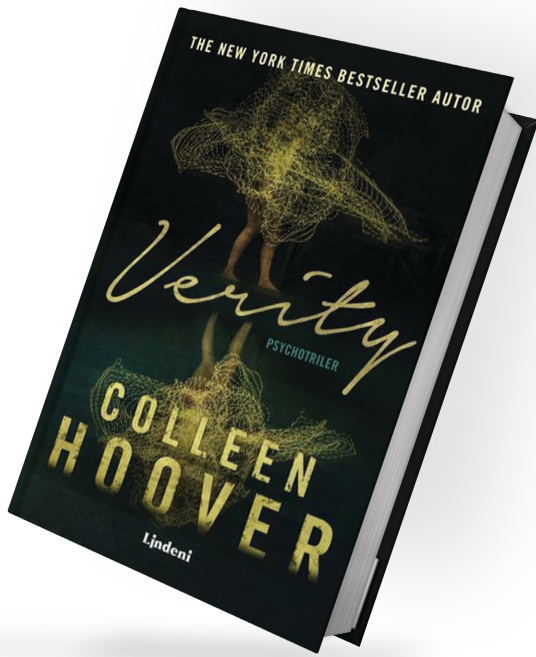
PROGNOSIS

Monkeypox is fatal in as many as 1 to 10% of people who become infected. Mortality rates ranging from 1-10% have been reported in Africa

PREVENTION AND TREATMENT

Prior vaccination against smallpox may provide protection against monkeypox. In September 2019, the US Food and Drug Administration (FDA) approved an attenuated, live, nonreplicating smallpox and monkeypox vaccine (Jynneos) for immunization of adults at high risk for smallpox or monkeypox infection.

The disease is usually self-limited; resolution occurs in 2-4 weeks. In the African cases, the mortality rate was 1-10%, and death was related to the patients' health status and other comorbidities. Most patients died of secondary infections. Patients often fare poorly during the febrile stage of the illness; therefore, bedrest along with supportive care may be necessary. Hospitalization may be necessary in more severe cases.



BOOK REVIEW

Omoigberale Favour

When it was announced in the Lasucom book club that we would be reading Colleen Hoover's *Verity* after the voting process, I was very excited. Though I am not a prolific reader of thrillers, the fact that it was one of Colleen's works, as she is one of those authors that I make a conscious effort to read all and any of her publications, I didn't waste any time reading and was I hooked? Absolutely.

A dark and twisted tale with the ability to make you develop questions after every chapter, *Verity* introduces Lowen Ashleigh, a struggling writer facing financial crisis due to the recent death of her mother. It is at this time that she accepts an offer that may set her up for a lifetime; helping bestselling author Verity Crawford who is incapacitated, to complete the remaining books in her successful series.

To help make this possible, she is invited by Jeremy Crawford, Verity's husband and her employer, to stay in the Crawford home so that she can sort through years of Verity's notes and outlines and gather enough materials to get started. What Lowen doesn't expect to discover in her search is an incomplete autobiography of the author that she never intended anyone to read.

Written in those pages are horrifying revelations which outline all the tragic events that have happened to the Crawford family and Lowen makes a decision to hide this damning piece of work, knowing its contents would further devastate the already-grieving Jeremy Crawford. But as Lowen's feelings for Jeremy begin to intensify, she recognizes all the ways she could benefit from exposing Verity's secrets to her devoted husband. What lies ahead

for injured Verity, her devoted husband and Lowen, the writer in charge of continuing Verity's legacy if these secrets are exposed?

As someone who holds Colleen Hoover in very high esteem, this book did not only succeed in keeping me on my toes, but it was also every bit as disturbing and tortuous as the previous reviews I read warned.

I loved the book within a book aspect of the novel as it not only gave an insight into Verity's mind via the manuscript but at the same time, what was happening in the outside world. When I was done reading, I couldn't wait to speak about it at the next book club meeting and I was not disappointed. The undivided agreement on the spookiness of the book, the contrasting opinions on what people thought of different scenes in the book and the inability to truly decide who was a protagonist and antagonist made that meeting a very memorable one.

Reading *Verity* made me wonder what was really going on in Colleen Hoover's mind and made me have even more respect for her work. I would warn you to not read if you cannot handle suspense because it is a novel that would have you staying up at night wanting to see the end. *Verity* made me start reading more thrillers and I have enjoyed every bit of my journey into this genre. It receives a magnificent 5 stars from me and I'm secretly hoping for a sequel.

This review is dedicated to the Lasucom Book Club.

LOST



ATTRACTION



"They say sometimes you grow into certain realities, some creeping up on you unaware and others, a function of a nurtured ideology, the very foundation of Nurture over Nature".

The constant feeling of butterflies in your belly around them, the rush and feel of excitement and the inability to construct coherent statements.

Overtime these are the telltale signs of the dynamics of love. Or is it infatuation, attraction or lust?, Or just a broader spectrum of the dynamics of emotions.

As humans, we all have a point in our lives, a tipping point where everything changes; thought process, ideologies, convictions, beliefs, all balanced on some existential experience. That paradigm shift happened for me when I came across Dr Helen Fisher's research in the 1990s on the "Anatomy of love and Why we love".

According to a team of scientists she led at Rutgers, Love was said to be broken down into 3 categories: Lust, attraction and love. Each category characterized by their own set of hormones originating from the brain, talk about us actually been puppeteered by "chemicals!", scary! can't be me.

LUST

The word lust based on Oxford definition refers to a strong sexual feeling steeped in the desire for sexual gratification. This desire stimulates the production of the sex hormone "testosterone and estrogen", a function of our evolutionary desire for our need to reproduce (or not), as to increase libido leads ultimately to sex. So when next you think you're in love and your libido shoots up the roof, it might just be lust masking as an Angel of love in its self acclaimed white-washed ensemble (Shora fun lust oh, oluwa ah wa pelu e!).

On the upside, according to renowned Indian Philosopher popularly know as Osho, he was of the opinion that "Love is not lust, but there is no love without lust, as love has to arise from lust, for in avoiding lust, we avoid the whole possibility of love itself".

He likened love to being a beautiful flower newly sprouting out of the ground but cannot do so without getting tainted by the very mud that surrounds it, this very mud called lust, "for without love, you cannot truly transcend lust".

Now free of moral obligations and religious shackles, do you consider his school of thoughts your truth? Do you at some point lust over someone you inherently claim you love?

ATTRACTION

It would be worthy to note that attraction precedes every of these feelings, for without attraction, lust and love will be stunted in growth. Attraction is the very basis for which lust and love thrives, for you cannot fall in love or lust over someone you're not attracted to.

Like DNA functions as the basic building block of cells, attraction fuels the embers of what is to be and gives it tangibility.

Yes, we have all experienced attraction one way or the other as it has left some of us, if not all with feelings or situations that can't be forgotten.

The sudden rush of blood to your cheeks (dark people are excused, lol), sudden loss of appetite, sweaty palms, the list is endless, all characterized by the hormones dopamine and norepinephrine stimulated by the hypothalamus. Dopamine responsible for the control of the reward system of the body when you do things that feels good like spending time with that person, having sex or just having a conversation.

Those cascades of reactions being made possible by norepinephrine which is biologically responsible for "flight or fight response" of the body; the inability to think clearly, the sweaty palms, insomnia, inability to eat because of course seeing that person is enough to fill up your belly for hours on end as every feeling of hunger goes out the window (talk about love wey belleful).

LOVE

They say it is the purest form of them all, without blemish, without butts, without expectations, just pure undiluted giving of your all to that person.

This form of romantic love is characterized by the release of Oxytocin, nicknamed the "cuddle hormone" which has been said to help reinforce the positive feelings we have towards people we claim to love wholeheartedly and also Vasopressin which is "associated with physical and emotional mobilization and helps support vigilance and behaviors needed for guarding a partner or territory, as well as other forms of

adaptive self-defense" (according to Carter CS. Neuroendocrine perspectives on social attachment and love).

Falling love, is like a journey, it is like unwrapping new layers of that person piece by piece. Some flaws today, some perfection tomorrow. It is that journey of experience that love itself is formed, where we get to love and appreciate every part of them, for like old wine, they become an acquired taste and would age into something exquisite that only you can appreciate giving way for the popular saying that "beauty does lie in the eyes of the beholder".

So what is it for you?

For in truth, there are no rule books to falling in love, it could be the best thing or the worst thing, it could be the very thing that keeps you awake at night or gets you going in the morning, it could mirror the very reason of your existence and it could also be the harbinger of one's greatest life crisis, but if indeed it is all hormones and feelings intangible, then may the chemistry never fade away and may the hormones never run dry.

Colloquial Expression used and Meaning

- "Shora fun lust oh, oluwa ah wa pelu e!"— Be careful of lust, may God be with you.
- "talk about love wey belleful"— Talk about love that satisfies.

Alabi Joshua

400L, Medicine and Surgery

Giving Life to Drawings using **HYPERREALISM**

(Journeying the creative mind of Egbezokhai Ifeoluwa)

"I've been learning to draw for four years now, before entering medical school. The major challenges I've had to face were JAMB admission delays and the load that came with having sickle cell"

Egbezokhai On The Inspiration For His Work Titled Reach for the Stars

On His Artwork, Reach for the Stars

"The drawing was made using charcoal, graphite pencils and paper. I was in my thoughts one day, thinking about most of the successful people I have come across on the internet and I felt like they were to an extent advantaged. But I still



thought some more and began to realize there are successful people today who didn't have much to work with.

For this drawing, the success story of TB Joshua was an inspiration. The thick darkness in the background symbolizes struggles or challenges while the shining star symbolizes future success waiting to be grabbed by a reaching hand that speaks to grit and tenacity.

As an artist myself, I've been learning to draw for four years now before entering medical school. The major challenges I've had to face were JAMB admission delays and the load that came with having sickle cell. My hope is that this



work and many others inspire people to become the best despite self doubts and obstacles."

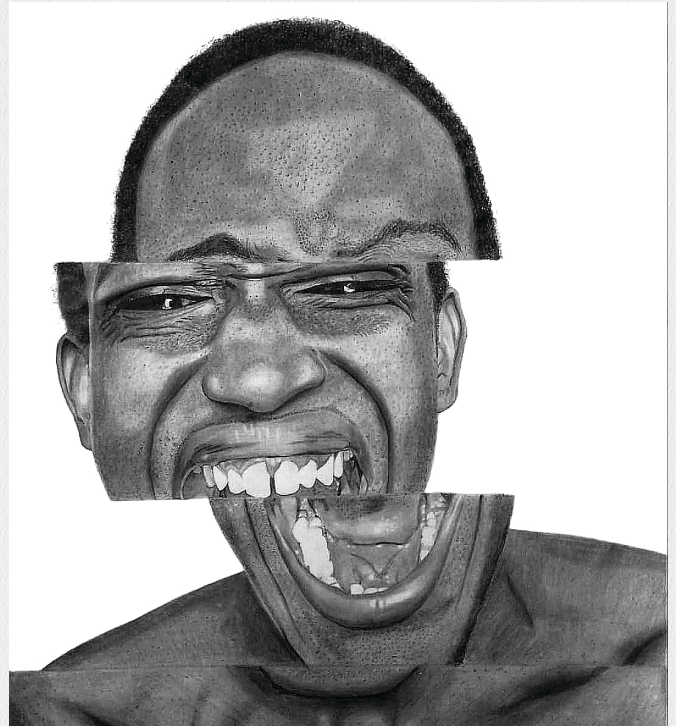
When Asked For Other Artworks



"Since the time I started, I've created several works. Besides Reach for the Stars, I created a portrait titled Jemima and another piece titled, A Cry for Reform. Jemima is named after the actress and doctor of physiotherapy, Jemima Osunde.

My brother dedicated a song to her and I decided to create a follow up piece out of my free will. Her involvement in the arts inspires me to never water down the crossovers between art and medicine.

A Cry for Reform was inspired by my motherland, Nigeria - the struggles we face as citizens due to lack of proper infrastructure. The broken, distorted face represents our broken and damaged system and you can see the facial expression of the subject as one screaming in frustration. I drew this piece during the course of the #ENDSARS protest."



On Personalities That Inspire Him And The Future of His Work

"Other personalities I look up to are Fola David (who is also a doctor), Arinze Stanley, Kelvin Okafor, Oscar Ukonu and Jono Dry. I am still thinking of how to infuse my drawings with my course of choice, Dentistry. But my desire is that my artworks serve as a voice to inspire and give hope not only in my generation but generations to come."

On How To View All Of His Works And More To Come

I publish them on my Instagram page. The handle is @lfeshades.

Egbezokhai Ifeoluwa Emmanuel
200L, Dentistry

Sounds

Onyekwere Lilian Ifeoma, 500L, Medicine and Surgery

Garbled voices ring through the air
A gaggle of noises we all can hear:
It's music; it's noise
It's chaos; it's life.

Slow down a bit
Take it all in
Sit down with me
And listen to this

A church in the distance bubbles with praise,
Kids on the street scream in joy as they play,
The wind howling madly brimming with heat,
A fan humming loudly, cooling our skins.

The children scam off of the street
As a car rounds the corner and honking begins
And the giggles ring through the air
From the kids and the adult watching them.

The driver within the vehicle screams:
"You naughty, ill-mannered kids!"
In a flurry of exhaust fumes and rage
The disgruntled driver zooms away.

Music plays from somewhere far away
From a gathering in from a distant place
The kind of music that gets heads nodding
To it, that makes feet tap to the beat.

The kids and adults on the street
Are nodding heads; tapping their feet
As they listen. It's dusk—the end of the day
And the crickets join in on the fray.

Chirp, chirp, chirp, chirp
A child whirls, whirls, whirls
Round and round and round
Tumbling onto the ground.

She is caught by her mom
And giggles erupt
There's mirth in the air
It's tangible even from here.

Where I stand and observe the scene
Which plays out in front of me.
Garbled voices ring through the air
A gaggle of sounds ring loud and clear.

It's music, it's noise
It's chaos, it's life
I'm forced to slow down a bit
Because I want to take it all in
Come and sit here with me
Join me and listen to this..





MULTILINGUALISM: BENEFITS AND PRACTICAL APPROACH

Salut, hola, ni hao, aloha, habari.

You just learnt how to say hello in different languages. You're welcome.

Did you know?

There are more multilingual people than there are monolingual people. Multilingualism is becoming prevalent among individuals all over the world.

What is Multilingualism?

Multilingualism is the act of using or promoting more than one language by an individual or a group of individuals.

A multilingual person can communicate in more than one language be it through writing, speaking, reading, or listening.

What are the types of multilingualism?

- **Bilingualism:** The ability to communicate in 2 languages.
- **Trilingualism:** The ability to use different languages to communicate.
- **Polyglot:** A polyglot is someone who generally speaks several languages.

Now, let's talk about some benefits of learning more than a language:

- **Increased employability:** Bilinguals, multilinguals, and polyglots possess a better chance of being employed. There is also the ability to add value to the workforce.
- **Sharpens the mind:** According to a study, multilingual people are better observers of their surroundings than their monolingual peers. They can easily filter irrelevant information from relevant information.
- **Increases networking skills:** Learning a new language also comes with learning about a new culture and lifestyle. Multilingual people are better at viewing things from various perspectives, increasing their chances to take a seat in the global space.
- **Delays the onset of dementia in the elderly:** Studies have shown that learning new languages grows the brain. Increasing the white matter, grey matter as well as brain connectivity. These beneficial changes help to compensate for the degeneration of the brain in the elderly hence a delayed onset of

manifestations.

- **Learning one language makes it easier to learn more:** Yes, learning a language improves areas of the brain that might have been dormant. Improvement in these areas serves various advantages including the ability to learn more languages.

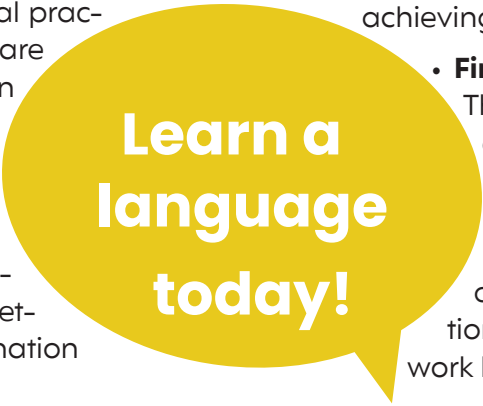
PRACTICAL APPLICATIONS OF MULTILINGUALISM

- **Health:** Clerking patients, or taking their history is a crucial part of clinical practice. This stage of patient care involves communication between healthcare professionals and patients. A study has shown that the ability to speak more languages gives health professionals a better chance at getting more accurate information from patients.
- **Society:** For society, promoting multilingualism is promoting mutual acceptance of people with diverse backgrounds. Multilingualism fosters peaceful coexistence and respect toward each other. Modern workplaces encourage multilingualism not just because it is good for business.
- **Economy and business:** Talking about business, researchers have found that organizations that actively nurture multilingualism building a culturally diverse workplace reap the advantage of new perspectives and ideas in business. This in turn leads to a national advantage in form of better relationships with foreign bodies and more successful exports.
- **Education:** The educational sector benefits from multilingualism in various ways. In a digital world where learning itself has been digitalized to reach a global audience of varying ethnic backgrounds. Multilingualism must be applied for better effectiveness.

Promoting multilingualism in the educational space adds to educational value by teaching acceptance and tolerance. Promoting multilingualism sharpens the mind, memory, and cognitive abilities. Language learning doesn't necessarily make you Albert Einstein, but without denial, is a rewarding journey to embark on.

If you are willing to learn a language but aren't sure where to start, take a look at some top tips for language learning that can help you on your journey.

- **Set Language goals:** Set goals based on the different levels of the language you wish to learn. Have short-term and long-term goals. For example, a goal could be to communicate with friends of different cultures, your learning would be streamlined to everyday vocabulary. Setting language goals helps with self-esteem self-confidence and achieving success.
- **Find a style that works for you:** There are many different tools and styles you can use to learn a language. These include the use of podcasts, language apps, textbooks, and having a one-one tutor. Try the various options and choose the one(s) which work best for you.
- **Practise listening and speaking:** These are very important parts of language learning. Being able to recognize and reproduce a language should be a major aim when learning a language.
- **Connect with a native speaker:** You could get a physical friend or an online friend to practice with.



WHAT'S NEXT IN THE WORLD OF MULTILINGUALISM?

Artificial Intelligence(AI) in multilingualism: Technology plays a huge role in the multilingual translation industry. From dictionaries to translation software, technology has been used to help expert translators do their jobs more accurately and effectively.

The world has become interconnected with people from various cultures and nations being more in contact than ever before. Therefore, the importance of being able to speak other languages enables us to thrive in this global village.

Lawal Abdulqudus

Secretary, Les Médiques Français

Lagos State University College of Medicine French Club.

400L, Medicine and Surgery

PALATE'S DELIGHT

LET'S TALK ABOUT FRYBREAD!

Hassan Odufowora, 400L, Dentistry



Have you ever heard of the word frybread? It sounds hilarious, agreed. This flat dough bread has mixed interpretations from the places it originated from. One side of the tale acknowledges it in the time of the escape of the Israelites from the Pharaoh of Egypt.

Another mentions it in the hands of Mary, mother of Jesus so it is certain that frybread goes way back. It is also quite famous amongst the indigenous Americans and the Navajo people.

Frybread is essentially flat dough bread fried or deep fried in oil. However, for home cooks and amateur chefs who are delighted at the adventure of making their own frybread from scratch, the modern techniques and tools needed to make this delicious and culture-filled delicacy are quite terrifying.

Prep Time: 15 minutes

Cooking Time: 30 minutes

Ingredients

Let's go over the ingredients real quick, you will need:

- Plain or all purpose flour - 4 cups
- Baking powder - 1 teaspoon
- Salt to taste - ½ teaspoon
- Sugar (optional but for the sweet-toothed people)
- Hot water - ½ or 1 cup
- Vegetable oil for frying.

Methods

Now let's hit the stove (in Gordon Ramsay's voice).

1. First you grab a large mixing bowl and a wooden spatula and mix all your dry ingredients.
2. Then slowly drizzle the hot water into the bowl while mixing gently. Mix to combine till a nice dough ball is formed.
3. Turn out the dough to your clean kitchen countertop after gently adding some flour to it to prevent your

dough from sticking to the countertop.

4. Gently knead the dough for two to three minutes, nothing too much, just so you get a uniform thickness and homogeneous mix all around.
5. Then you transfer the dough into another bowl that is lightly greased with either veg oil or cooking spray. This prevents the dough from sticking to the bowl.
6. Then cover the dough with a kitchen towel or a cling film to avoid drying out. Let the dough sit for thirty minutes to one hour to allow the gluten in the flour to develop, this process gives a nice and soft texture to your dough and is essential for a beautiful final product.
7. After the resting time, you'd take out the dough and portion it into small balls on your hands and then place them on a tray or cookie sheet.
8. Then place a frying pan on the stove on medium high heat and add oil till it reaches half way up.
9. Allow this to come to temperature, then take the balls and flatten them into thin discs and place into the oil, frying one at a time. This process will take one to two minutes per side.
10. Take out when both sides are golden brown and fully cooked through and place on a plate lined with a paper towel just to catch the excess grease.
11. Repeat the process with all of your remaining balls and there you have a beautiful plate of frybread.
12. You can serve this up with some powdered sugar, jam or honey if you're going sweet or with fish and vegetables, and a sauce if you're going savoury.

Either way, it's a meal worth every minute and the love that it's cooked with.

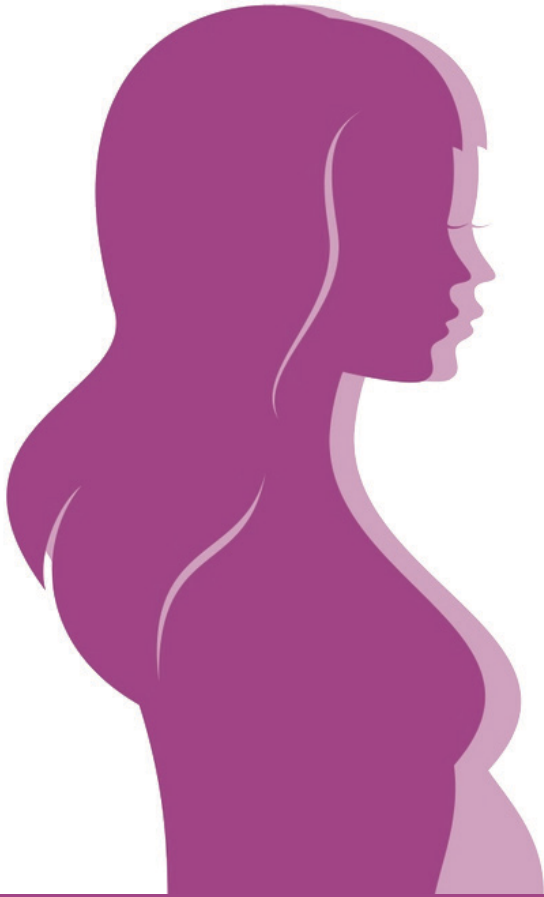




Enjoy Ultimate Satisfaction



www.ritefoodsltd.com



Vox Populi

Abortion: Pro-life or Pro-choice?

"Abortion is a choice. A woman should be able to decide if she wants to keep a baby or not. Women shouldn't have babies that they might not be able to love or cater for. For example rape victims that got pregnant after being raped by someone they don't know or someone they trusted" - **Anonymous**

"Abortion is the termination of a pregnancy resulting in the death of a fetus. It should only be done if and only if the fetus threatens the life of the mother; if not, it should not even be considered. If you don't want a

baby don't get pregnant because every time someone aborts, a child loses its opportunity to live" - **Anonymous**

"In my opinion, it depends on the situation. With advanced technology, it's possible to diagnose serious medical conditions at early stages of development which can either be corrected or in the worst case scenario terminated especially if it poses great risk to the mother. Besides this situation, I'm of the opinion that abortion should be prohibited" - **Anonymous**

"Abortion generally speaking is a crime against the unborn fetus as it is a form of genocide. But in some cases, abortion can be proper. If carrying the pregnancy has a health deteriorating effect on the mother, the pregnancy can be aborted. If the fetus proves to have a genetic disorder that will be life threatening, it can be aborted" - **Anonymous**

"It is a crime against the unborn fetus, my reasons are as follows; the fetus life should outweigh any other consideration, abortion is a crime against a

fetus whose potential life is cut short and potential future denied. It is the woman's body so it's her choice? This assertion is a complete blatant and brazen disregard to the fetal life"

- Anonymous

"Abortion isn't a black and white discussion but ultimately the choice to nurse and birth should be one people have a right to make. A myriad of things ranging from financial instability, mental instability, rape, unreadiness or simply not wanting to birth, are some of the many reasons why a person could choose to abort all of which are valid"

- Anonymous

"Abortion is ultimately a choice but is not ultimately a crime against the unborn fetus. This is because abortion is done in some cases to prevent birthing a child with severe health conditions. While it is certain that this is not always the case, abortion can only be justified in a sense by those who partake in it"

- Anonymous

"I think abortion should be made a choice. What is the point of delivering a child to this world, if you cannot take care of him/her. A foetus is still a growing human (doesn't have a mind of its own). So, the mother should be able to take drastic decisions, even to the point of taking its life"

- Anonymous

"It should definitely be a choice. I do not see a reason why our choices should be taken away from us. I'm not saying people should go about having unprotected sex but at the same time this contraceptives are not 100% effective. Mistakes happen and I see no reason why innocent children have to pay the price"

- Anonymous

"I feel like it should be a choice because why bring a child you can't cater for into this world & also what if for the mother there are some potential health risks. Although I'm of the opinion that people should be more careful and practice safe sex more"

- Anonymous

"I believe it shouldn't be either black or white. A rape victim shouldn't be forced to keep the pregnancy, that's cruel. Also in the case of incest"

- Anonymous

"A crime against the unborn fetus unless the abortion as medical backing before aborting it, in case of ectopic pregnancy and more"

- Anonymous

"It is the choice of the woman. It shouldn't be a crime to abort. Her body, her egg, her responsibility, her choice"

- Anonymous

"A crime is not being able to take care of the child. So abortion should be legalized"

- Anonymous

"A woman is powerful, they say. But I cannot decide if I want to be used or not? The "life giver" all but dies to "give life" My choices got me here, my choices would get me out. My body, my choice. Let my life matter to you too"

- Anonymous



PHOTO CREDIT
**Careme
Gemny**